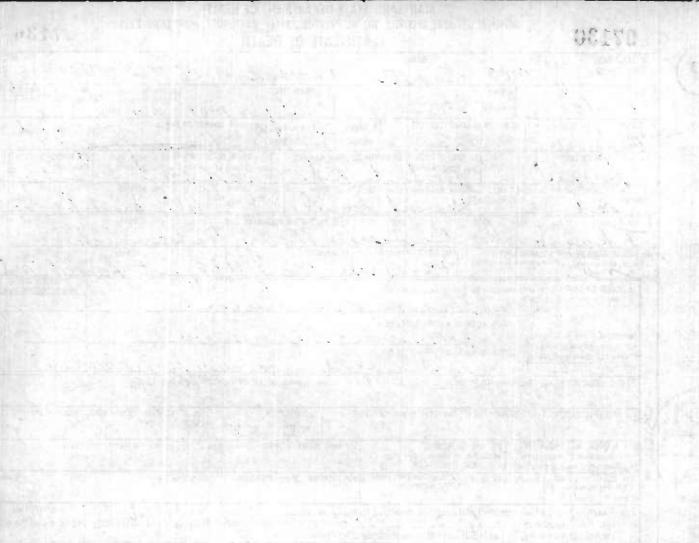
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	Married .			CERTIFICATE OF DEATH
death.	<b>E</b> 3.5			CEASED-NAME James Emmett Bausen 20. DATE OF DEATH 2 Day 68 Year 5 30
24 haurs after death	by the fur Pages I ports after	7	3. SE	A. RACE  S. DATE OF BIRTH  6. AGE (In years lif under 14 HRS. lost birthday)  Cas cas ion  S. DATE OF BIRTH  6. AGE (In years lif under 14 HRS. lost birthday)  MONTHS DAYS HOURS MIN.
haurs	in by the reservence Page 2 hours	1	CORD	TO THE PROPERTY OF THE PROPERT
	pape hin 7			TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 128 KIND OF BUSINESS OR
with	carbon carbon ent, wit	50	130	give street oddress   during most of working life, evenlithetired.) MDUSTRY  USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN   13d. MNSIDE CITY LIMITS   13e. STREET AND NUMBER
cuted	campletely filled ove carbon pape y event, within 7			Sison) STATE 13b. COUNTY Haward Rawel YES NOW Gll Saints Road
ре ехе	rem n an		14. F.	ATHER'S NAME First Middle Bust Is MOTHER'S MAIDEN NAME First Middle Lost
the death certificate be executed within	attending physician permit. Then please an, ar removal, and i			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 476 - 20 5226 Mary april april 18.
th cert	ing p. There			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:
e dea	attence ermit an, ar			4109 IMMEDIATE CAUSE (a) Coronary Occursory
	0			(b) Arterior clers Jenes  (b) Arterior clers Jenes  DUE TO, OR AS A CONSEQUENCE OF
res th	1 73 1 5			lost. (1) Cordina failure, Kidney failure
law requires that		J.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law	has been se as the th prior ta	2	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO DE 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ICIAN:	certificate ha hed far use it. of Health		MEDICAL CER	216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Doy Yeor  P.M. 19  Cause of Death  F.M. 19
PHYSICIA	nis tac Dep	K		21d. INJURY OCCURRED While Not while of work Office Building, ETC.  21f. LOCATION Street or R.F.D. No. City or Town County Stote
ENDING	R: After the uld be de the State I			220. I certify that (I) (this haspital) attended the deceased from, 1965, ta, 1965, thot (I) (we) los saw the deceased alive on, 2000, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady ofter death.
OR ATTEN	DIRECTOR: /			22b. SIGNATURE  STAFF
SPITAL 4 may	ERAL I	1		22d. PHYSICIAN'S NAME (Type) 1 DOLO PIER ANDREI LAUREL, MD
TO HOS	TO FUNERAL director, pa		12	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 6-68 23c, NAME OF CEMETERY OF REMATORY ptear 23d, OCATION King of Transfer (State)
	VR A15 (4 30M REV. 1/	68	24.	enteral director Danaedson Lawel and Date MAY 8 1968 yourses Judge



Marine Marine and the Samuel Marine and the Samuel Marine and Samu

Allet in by the funeral Pages 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 be

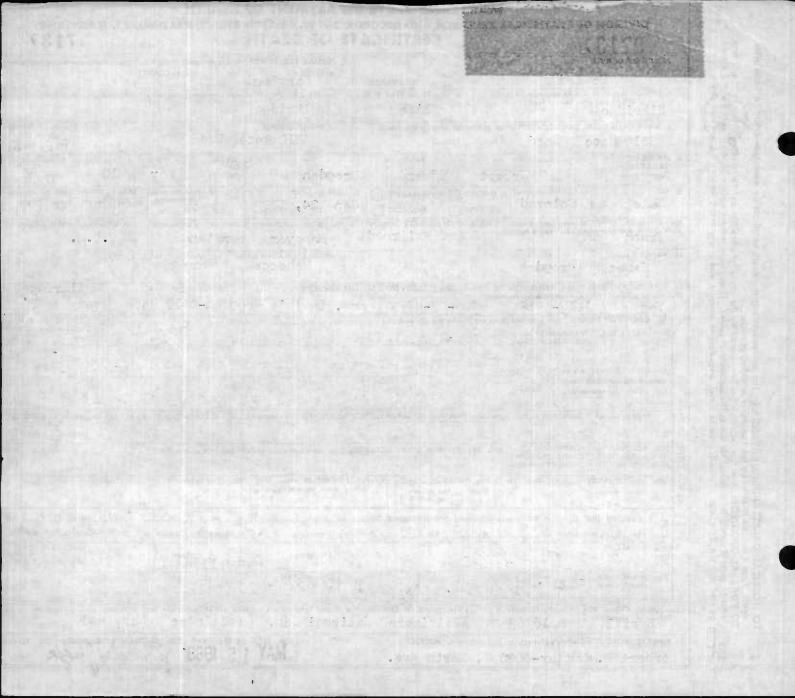
VR A15

within 24 hours after

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 137

1.	PLACE OF DEATH a. COUNTY	32	a. STATE	ь. соц	f Institution: Residence before edmission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Elkridge	c. LENGTH OF STAY IN 16 Life	c. CITY OR TOWN ( Elkridge	If outsida corporete limits, wri	ite RURAL end give neerest town)
d_	d. NAME OF HOSPITAL OR INSTITUTION (IF not in 5510 Race Road	n hospitel, give streat address)	d. STREET ADDRESS 5510 Ra	ace Road	IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) Herber	t Edward	Bro <b>gg</b> en	4. DATE Mon OF DEATH Mag	
5	Male   6. COLOR OR RACE   7. MA   Colored   WIDE		Jan 24, 1890	9. AGE (In year lest birthdey) 78 yrs.	
10	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	B & O Railroad	Hanover	Maryland	U.S.A.
1:	James Brodden		14. MOTHER'S MAIDEN Rebecc		
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unkown) (Ifyes give wer or detes of service) Yes 1917-1918		rs. Luvinia	Addre Brogden-5510 F	
	1B. CAUSE OF DEATH [Enter only one cause  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS	Exemple	ration feese	Broste remor suler &	INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH
CERTIFICATION	177X				PERFORMED?
MEDICAL CERTIF		WhileNot While fac	ED. (Enter neture of injury in ACE OF INJURY (Home, farr story, street, office bldg., atc	m, ! 20f. (City or town)	(County) (State)
W	21. I certify that (I) (this hospital) a saw the deceased alive on				
	22e. PHYSICIAN'S NAME (Type) BBBBYCO	mbacgi		MED. STAFF PHYS. [	22b. DATE 5/17/6 \$ 6/2227
2	38. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) 5/16/68	2000 10000	or crematory ational Cem.	Baltimore	own or county) (Stete) Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE Herbert E. Nutter-3035	ADDRESS W. North Ave.	25 A	1 5 1968 25b. R	EGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07132 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Howard b. COUNTY Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksville Clarksville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Box 124 B Havikands Mill Road YES NO Box 124 B Havilands Mill Row 4 DATE NAME OF First DECEASED JOHN CHAPPELL G. DEATH (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (In veors S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Male Dec. 28. 1893 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired)
Retired Sales Manager INDUSTRY Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John G. Chappell Ida Billings B cx 124 B Havilands Mill Road IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 214-01-4649A Mrs. Ozelah Chappell. Clarksville. Md. INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cachexia IMMEDIATE CAUSE (o) DUF TO Carcinoma of gall bladder with abdom-Conditions, if ony, which gove 8 mos rise to immediate couse (a), inal spread DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Pyelonephritis NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) foctory, street, office bldg., etc.) Hour o.m 21. I certify that (I) (Machine May 4, 1968, and that death accurred at 8 A M, from causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. STAFF PHYS. 5/6/68 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clarksville, Maryland 21029 M.D Whitaker 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Pikesville. Md. Druid Ridge Cemetery Buria 250. REC'D BY REGISTRAR 25b. REGISTRAR'S 24. FUNERAL DIRECTOR Witzke Howard County Funeral Home . Ellicott City . Man

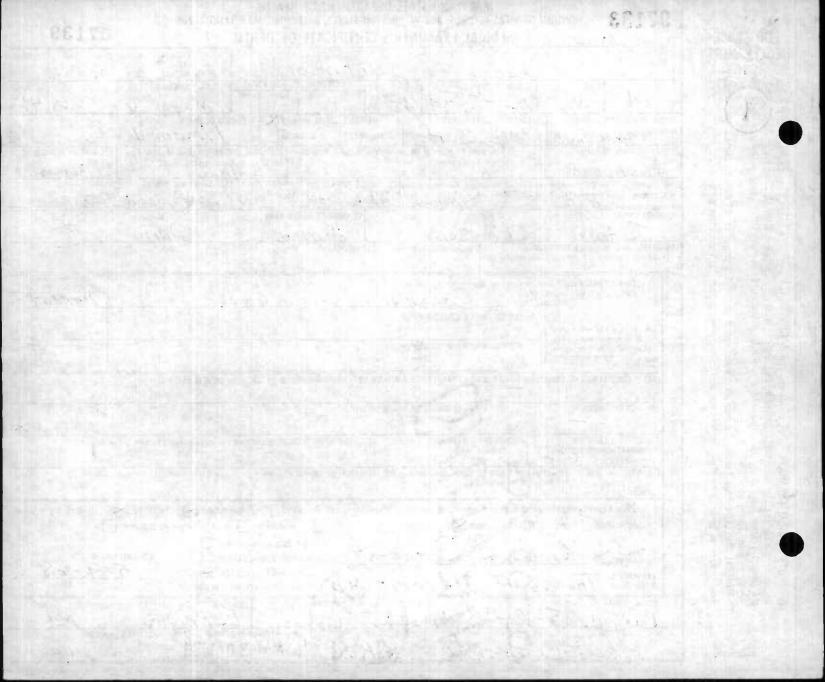
death. after death. within 24 hours papers. hin 72 he .= event, within 72 filled remave corban the death certificate be executed burial, crematian, ar remayal, and in any please physician attending phys signed by the burial-transit ATTENDING PHYSICIAN: The law requires that attending physician. as the State Dept. of Health priar ta has been far use Page 4 may be retained by the haspital or certificate be detached DIRECTOR: director, page Shauld be filed ed FUNERAL

VR A15 (4)

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		10	16134 DIVISIO	N OF VITAL RECOR				LAND 21201	2 W 4 O O	
FOR S	TATE	TH	em#2a.Film#Glo	5/MEDICAL	<b>EXAMINER'S</b>	CERTIFICAT	E OF DEATH		07139	
HEALTH	DERTA	1.	DECEASED-NAME Fir	it ,	Middle	Lost	et et et et et et	20. DATE KNOWN Month	Doy Yeor 2b. HOU	R
is to ge	5/X		(Type or Print)	LEROY		Johns	00	OF ESTI- DEATH MATED May	9. 1968	N
delay is	3	3.	SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In y	eors IF UNDER 1 YEAR  By) MONTHS DAYS		2c. DATE PRONOUNCED DEAD	2d. HOU	R
y de	3	7	MIN	12-21	-19 48	YRS.	nouks min.	Month ay Doyg	Yeor 1968 46	M
E dia	1		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT CO	UNTRY? 8.	MARRIED NEVER A	MARRIED . 9. COL	JNTY OF DEATH		
For T	e o	COL	MARY LAND	4.5	. H.	WIDOWED DI	IVORCED 🔲	Howard	6.	Mc
Pages vith for	Stote		CITY OR TOWN OF DEATH		F HOSPITAL OR INSTITU	JTION (If not in hospit		CCUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUSINESS OR	Ī
70 00 5	the		GIENWOOD	give street			LAI	bor	INDUSTRY ARMY	
ofter 8. Give along	with deoth.		USUAL RESIDENCE (Where deceded	126 COHNITY /	1 6	1	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	-	
Is o	2 w	1	/// 0	170	oward G	FNWOOD	YES NO	Longwood	FARM	
hours Item 1 Office	l ond offer	14.	FATHER'S NAME First	Middle	Last	1s. MOTHER'S M	MAIDEN NAME First	Middle	Lost	
4 C S	es l	-	JOHN		ion)	HWA	VIE	HNN		_
within pencil xomine	poges		. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown)   (If yes go	FORCES?   16b.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
- 111	20	=							APPROXIMATE INTERVAL	_
D .= _	ermit. F within		PART I. DEATH WAS CAUS		(o), (b), ond (c).)		1.		BETWEEN ONSET AND DEATH	_
e executed pending" in ef Medical (	permit. Fil			IATE CAUSE (o)	2/0/191	9 0	cc/450	The state of the s	Instant	-
"pen "pen	event		Conditions, if ony, which gove	DUE TO, OR AS A	CONSEQUENCE OF					
-a: :=	fran y e		rise to immediate couse (a),	(b)	CONSEQUENCE OF					
should e word o the Ci	burial-transit I in any even		stoting the underlying couse last.	DOE TO, OK AS A	CONSEQUENCE OF					
9 4 7 P	o bur	3 %	PART 2. OTHER SIGNIFICANT CON	(c)	DEATH BUT NOT BELL	ATED TO THE TERMINAL	DISEASE OF CONDITION	ON CIVEN IN PART 1(a)		-
certificate , writing th forwarded t			4))/	DITIONS CONTRIBUTING TO	DOT NOT KEE	TO THE TERMINAL	L DISEASE OR CONDIN	ON ONER IN TAKE I(0)		
certificat writing rwarded	e used o removal,	CERTIFICATION	190. DATE OF OPERATION	19b.	CONDITION FOR WHICH	OPERATION			20. AUTOPSY?	
	be us	기울			WAS PERFORMED?				YES NO NO	5
This ficate,	d b		21o. EXTERNAL CAUSE WAS	21b. TIME OF INJUR	Y Month, Doy, Yeor	21c. HOW INJURY	OCCURRED (Enter note	re of injury in Part 1 or Port 2,	tem 18.)	ī
NER: certifi	tiles. 3 shoul notion,	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	19					
AIN he sh	/our tiles. oge 3 shou cremotion,	ME		PLACE OF INJURY (At hor octory, office building, etc		21f. LOCATION Stre	eet or R.F.D. No.	City or Town	County Stote	Ī
EXAMINER: tute the cert oge 4 should	your Poge crem		AT WORK AT WORK	octory, office bolloning, etc						
L'E	TOR: Puriol,		220. I certify that I	took chorge of the re	moins described o	bove, held on Au	itopsy , in:	spection . Inquiry	ond in my opinio	าก
ICA tor.	2 L 3		death resulted from:	Naturol causes	Accident [	], Suicide [],	Homicide 🗌	Undetermined manner		
eds	DIRE DIRE			a.	211		CHIEF MEDICAL EXAMIN	ER		
y p	AL D prior	9 6	SIGNATURE TO	mas of	Herb	m.v.	ASSISTANT MEDICAL EXA		1 (1)	
PUT	aland Edition		EXAMINER'S 74	F 1	10-6-	4 112	DEPUTY MEDICAL EXAM		1-9-68	
O DEPUTY necessory, if the funeral	5 moy ro FUNE Health		NAME (Type) /hom	85 F. E.	terber		ADDRESS(Street, city, to			
5 = =	2 E 1	23	o. BURIAL, CREMATION, 231	DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (Stote)	
	14	0.4	FUNERAL DIRECTOR	17-40	ADDRESS	ontrice	A Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S	Ma.	
VR.	A15ME (5)	24	120. 41	1	ADDRESS	1 11 m	DATEMAY 2	0 1968 REGISTRAN		
	REV. 1/68		Toher L	i promo	un p	chvelle	DATEMINI	U 1300	Las Justine	

MARYLAND STATE DEPARTMENT OF HEALTH



in pencil in Item 18. Give Pages

This certificate shauld be executed within 24 haurs after death

"pending"

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8713	44	MEDIC	AL EXAM	INER'S C	ERTIFIC	CATE (	OF DE	ATH				01	140	,
DECEASED-NAME     (Type or Print)	First Lesli		Midd Earl	79.1	J <b>ohn</b> s	lost			OF	KNOWN ESTI- MATED	Month 5	18 18	Yeor	2b. HOU
3. SEX M	4. RACE	S. DATE OF BIR		6. AGE (In years last birthday) 68 YR	MONTHS S.	DAYS DAYS	IF UNDER HOURS	24 HRS.	2c. DATE F Month	RONOUNCEI 5	DEAD Day 18	3 Yes	or 168	2d. HOU
70. BIRTHPLACE (Stote country)		CITIZEN OF WH			ARRIED N	IEVER MARE DIVOR	_	9. COL	INTY OF DE	ATH HOWAL	RD			-
10. CITY OR TOWN O	ge	give	AME OF HOSPITAL street address)	Waterl	.00 Rd	•			CUPATION of working I			12b. KIN INDUSTR	ND OF BUSI	
13o. USUAL RESIDEN odmission) STAT	ICE (Where deceosed Maryland	l lived, if institu 13b. COUNTY	tion: Residence Howard		y or town kridg		YES I			terlo		•		
14. FATHER'S NAME	First Oliver	Middle Johnson		Lost	IS. MOTH	ER'S MAIDI	Ida	First		Mi	ddle K	uste	Lost	
Yes, no, or unkno	VER IN U.S. ARMED FO wn) (If yes give wo	RCES? It or dates of service)	166. SOCIAL SECT 212 13		17. INFORM	ant a Joh	msor	n		rlööre idge		Ma.		
rise to immediate the unless.	ony, Awhich gove diote couse (o), anderlying couse SiGNIFICANT CONDIT	(c)	AS A CONSEQUE		) TO THE TER	RMINAL DIS	EASE OR	CONDITIC	DN GIVEN IN	PART 1(a)				
190. DATE OF (	OPERATION		19b. CONDITION WAS PERFO		PERATION							20	O. AUTOPSY	? NO 🔣
	OR CONTRIBUTING			oy, Year 19	21c. HOW IN	JURY OCC	URRED (Er	nter notu	re of injury	in Port 1 a	r Port 2,	Item 1B.)	743	
WHILE -		ACE OF INJURY ( ory, office buildin	At home, form, s g, etc.)	street,	21f. LOCATIO	N Street or	R.F.D. No	).	City	or Town		Count	y	Stote
200		Natural caus	ses XX A	aident [],	Suicide	CHIEF  .D. ASSIS  DEPUT  ADDR	Homicic MEDICAL TANT MED TY MEDICA	EXAMIN DICAL EXA AL EXAMI  t, city, to	ER 🔲	ermined	22b. DATI 5-		ty,	y apinic
REMOVAL (Spe- Burial	cify)	27/60		Linco				230	Washi			D.C		

VR A15ME 5

5 may be retained far yaur

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Dep

Health priar ta burial, cremation, ar remaval, and in any event within 72 hours after death.

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with

necessary, please execute the certificate, writing the ward SICAL EXAMINER:

TO DEPUTY

24. FUNERAL DIRECTOR HIGHER STROKE EUNENAI HOME

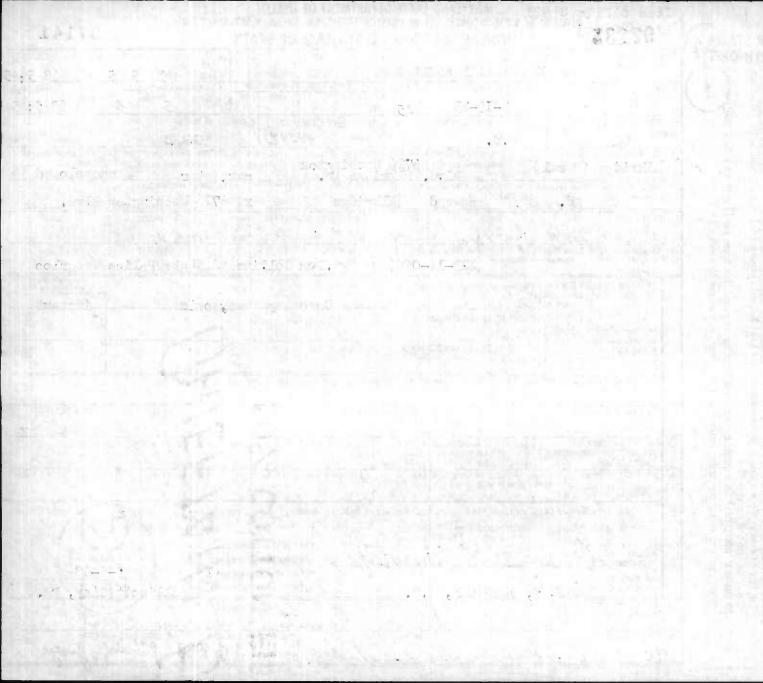
Ellicott oily, met.

Washington REGISTRAR 2 2 1968

REGISTRAR'S SIGNATURE

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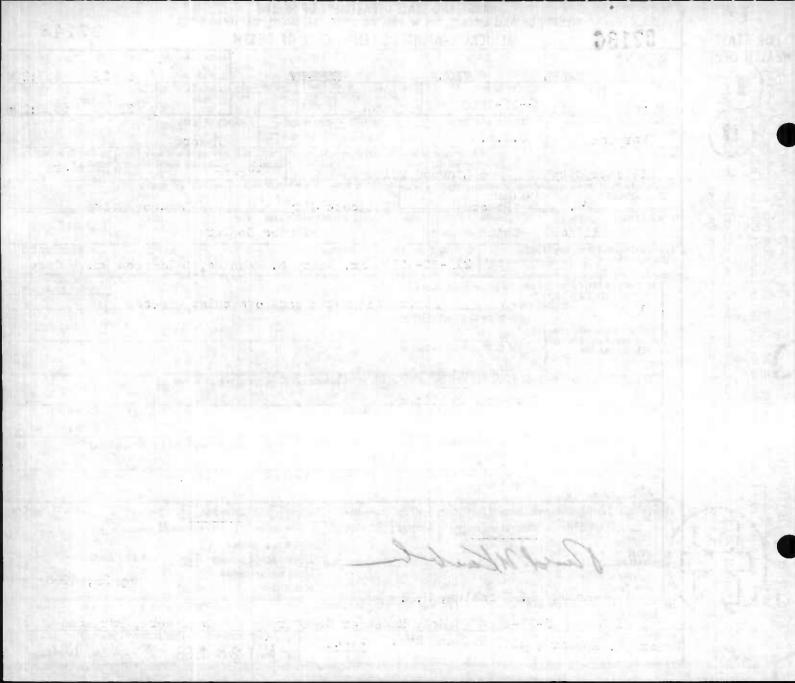
< 1	Item 8 Film G 421 MARYLAND STATE DEPARTMENT OF HEALTH 2/29/20 im DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATES	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7141
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Manth Day	Year 2b, HDDF
s d e d is	(Type or Print)  LEROY FRANKLIN KNISLEY  OF ESTI- DEATH MATERIAL 5 5	19 68 53 M
y delay is PM3. Page artisent of	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lef under 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS CAYS HOURS MIN Month Day y	ear 2d. Hour
1, 2, a	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH	19 68 5:454
farm farm te De	(auntry) USA Med U.S. WIDOWED DIVERTED HOWARD	Mc
haurs after death Item 18. Give Pages 1, Office alang with farm land 2 with the State De	Filmidge (Parma)   give street address) 6726 Washington   during most of working life, even if retired   INDUS	KIND OF BUSINESS OR TRY
s after de 18. Give la alang w alang w twith the death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
haurs a ltem 18. Office al and 2 w after de	ware noward Elkiloge is a salington B	
I have Item Office I and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  CLINTON C. ////SLEY ELLA HOWARD	Lost
hin 24 ncil in niner's pages haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
d be executed within 24 rd "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event within 72 haurs	(Yes, no, or unknown) (If yes give war or dates of service) 213-14-0586 Sgt. Tom Collins Md State Police W	aterloo
ed val Exal Ex	LE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical E t permit. F	IMMEDIATE CAUSE (a) Coronary thrombosis	instant
be executed "pending" in nief Medical E ansit permit. F event within	Onditions, if any, which gove )	
shauld be e ne ward 'per ta the Chief I burial-transit I in any even	rise to immediate cause (o), (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld e ward a the Ch ourial-tra	last. (c)	
s certificate sh e, writing the farwarded ta t used as a bur emaval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate cate, writing the be farwarded to be used as a lar remayal, and	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific icate, writing be farward ab used a ar remaval,	WAS PERFORMED?	YES NO
This ficate, be for a for ren	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)	transit Married
INER: Tie certifice shauld by files. 3 shauld land as a shauld land land land land land land land la	PRIMARY OF CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d, INJURY OCCURRED 23e PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. 6 by or Town	
EXAMINER:  ute the certing age 4 shauld  your files.  Page 3 shaul	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At hame, farm, street, at work   At wor	nty State
		and in my opinion
e executor. Page ed far est far burial,	death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
lease edirector etained DIRECT r ta bu	ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF THE STATE OF THE	
EPUTY SICA SICA SICA SICA SICA SICA SICA SICA	SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNET	
ro DEPUTY necessary, the funera 5 may be 70 FUNERA Health pr	NAME (7. m.)	
nece the 5 m 6 FU	23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	ty Md
	Burial 5-8-68 Savage Cemetery Agrange Mrs	L
VR ATSME (5)	24. FUNERAL DIRECTOR - ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNAT DATE MAY 1 0 1968 CCUandles	
10M REV. 1/68	Solvett Danielson Racel Med DATE MAY 10 1968 goliantes	Juage



VR A15ME (5) 10M REV. 1/68

May 25, 1968 **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Kornblum, M.D.

1 232. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify)
BURLAL 5-29-1968 Holy Redeemer Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens AVES. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 21229



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\*\*O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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				45141111	CALL OF DEATH		TARREST TO STATE OF THE STATE O		
	(Түрі	ASED-NAME First e ar print) \$157E		Middle OCK (	LYNCH	2a. DATE OF	Manth 25 Day	1100	2b. HOUR
3.	SEX	F	4. RACE		S. DATE OF BIRTH	885	6. AGE (In years last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	a. BIR' auntry		7b. CITIZEN OF WHAT COULD $V. \mathcal{S}. \mathcal{D}$ .	NTRY? 8. MARRIEI WIDOWEI	D NEVER MARRIED DIVORCED D	9. COUNTY OF	DEATH HOL	JARD	Md
	MI	OR TOWN OF DEATH  ORRIGOTISUILL	give street add	SECOURS /			(Kind af wark dane life, even if retired.)	12b. KIND OF INDUSTRY	
		SUAL RESIDENCE (Where decease ian) STATE MD.	d lived, if institution: Resi	dence before 13c. CITY (		, , ,	REET AND NUMBER RRIOTSSVI	LLE M	D,
		HER'S NAME First PATRICH		NCH	15. MOTHER'S MAIDEN NAME	First	Middle GAG	AN	Last
10		AS DECEASED EVER IN U.S. ARME , na, ar unknawn) (If yes give wa	ED FORCES? r or dates of service)	CIAL SECURITY NO.	nother lepla	en . En	Says T	Poveria	& Huse
	Co	PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT on ditions, if any, which gave se to immediate cause (a), lotting the underlying cause list.		ISEQUENCE OF	cisona.	of (	alar	BETWEEN OI	MATE INTERVAL MSET AND GEATH
	1	ART 2. OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(a)		
MILICATIO	19 19	Pa. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPER	PATION WAS PERFORMED	20a. AUTOPSY?  YES NO	CALISE	YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN CE	RTIFYING
	MEDICAL (II)	To. ACCIDENT WAS UNDERLYING  ☐ CAUSE OF OEATH  f either, natify medical examine  To. INJURY OCCURRED  Vhile  Nat while  Nat while	HOUR A.M. Manth	Day Year	HOW INJURY OCCURRED (Ent		ry in Part 1 ar Part 2, ar Tawn	Item 18.) Caunty	State
	22	wark at wark  20. I certify that (I) (this saw the deceased oli causes stated above.  2b. SIGNATURE	haspital) attended	the deceased from 19 GV, o 1) yiev the bady after	nd that is (my) (our) or death.  ATTENDING PHYS.	pinion deoth		that one hour of the ond hour of the ond hour of the one of the on	(I) (we) last
	. 22	2d. PHYSICIÁN'S NAME (Type) H3K1	BERT W	LAPP	22e. ADDRESS 4	FRE	DEKLOP	Are	21179
L	R		ATE -31-68 2	3c. NAME OF CEMETERY O	em,	/	ON (City or Jown)	(County)	(State)
24		NERAL DIRECTOR	RIL	ADDRESS,	2Sa. REC'D	BY REGISTRAR	35b. REGISTRAR'S	SIGNATURE	450

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

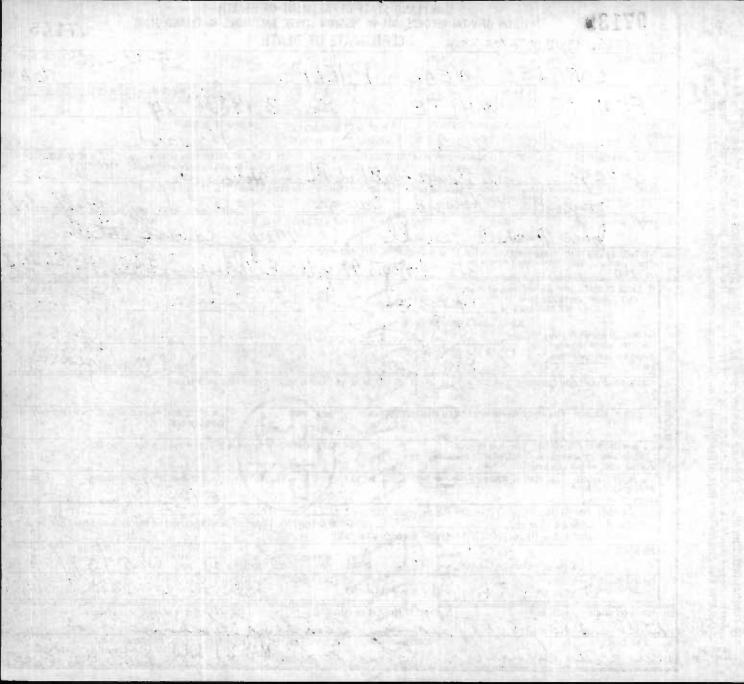
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		Item#5&6.FilmG401 6/26/68km CERTIFICATE OF DEATH	
-	(1	ECEASED-NAME First VEAL PHELPS 20. DATE OF DEATH 5-25-1968 26. HOUR Month CORRIE NEAL PHELPS 20. DATE OF DEATH 5-25-1968 26. HOUR MONTH CORRIENTS	M
1	3. SE	FEMALE WHITE Dec. 3, 1883/ last birthday, 85 MONTHS DAYS HOURS MI	
	coun	Urginia 03 H WIDOWED DIVORCED HOWARD	Md
1		11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY  12b. KIND OF BUSINESS OR INDUSTRY  12c. USUAL OCCUPATION (Kind of wark dane during most of working life, even if retired.)	,
5	odmi	USUAL RESIDENCE (Where deceosed lived, if institutions: Residence before lission) STATE maryland 13b. COUNTY Howard Bavage YES NO 215 Savage Gulfards	P
1		John Marshall Lewell 15. Mothers Maiden Name First Edward Wilderback	1
		(es, na, or unknown) (If yes give war or dates of service) 219-54-4850T Mytlo. E. Phelps 2 Sawage- Series	21
	100	18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  TO SETWEEN DEATH  HE CAUSE (b)  TO SETWEEN DEATH  HE CAUSE (b)  TO SETWEEN DEATH  TO	7
		Canditions, if any, which gave rise to immediate cause (a).  (b)  DUE TO, OR AS A CONSEQUENCE OF  Uttartory the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
		stating the underlying cause (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	_
	N	443×	
(	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   16 if ther, notify medical examiner)   P.M.   19	1
	ME	21d. INJURY OCCURRED While Not while of work Not work Not while of work Not	
		22a. I certify that (I) (this haspital) attended the deceosed from	
		22b. SIGNATURE MED. STAFF DIRECTOR DIRE	
		22d. PHYSICIAN'S Frank F. Shipley M. D. 22e. ADDRESS Savage, Mid.	
	1	Byrial, Cremation, 23b. Date 23d Name OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Gaunty) (Stote)	
	24.	FUNERAL DIRECTOR - ADDRESS Son RECH BY REGISTRAR 1968 REGISTRAR 3 1 1968 REGISTRAR SIGNATURE SUBJECTION OF THE MAY 3 1 1968	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hoors after death. Page 4 may be retained by the haspital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled to by 1 director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: <u>Pago</u>uld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs

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O FUNERAL DIRECTOR: After this certificate

VR A15 (4)

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death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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7o. BIRTHPLACE (State or fareign

IO. CITY OR TOWN OF DEATH

admissian) STATE

DECEASED-NAME

(Type ar print)

3. SEX

country)

14. FATHER'S NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a). stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 1 way saw the deceased alive an May 4 causes stated abave, (1) (we) (did) (didnot) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING auri DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ringfield REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 24.

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